SonoPath
Clinical Sonography & Telecytology
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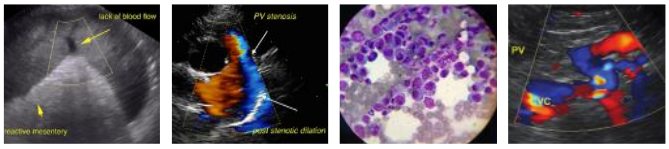

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Vasya Sosnina

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7

WEIGHT

7.36

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Bethany Family Pet Clinic

REFERRING VET

Dr. Tiffany Pow

INVOICE

13583

DATE

3/30/22

PRESENTING CLINICAL SIGNS

Presented 3/16 for several month's history of intermittent vomiting. P had lost 2.8 lb since last seen in 2019. Presented today for AUS since p is not responding well to z/d diet. Today icterus noted on mm and p lost another 0.8 lb weight loss. P has history of FIC and FLUTD and was managed with urinary diet but p switched to Kiwi cat food since owner did not like the list of ingredients in the Rx food. Abnormal PE/Chem/CBC/UA Results: Performed on 3/17/2022: Creat 1.7, BUN 21, SDMA 13 Albumin 2.3 Globulin 6.5 Normal ALT, AST, ALP and GGT, Total bilirubin normal at 0.2 HCT 33% O declined rechecking liver enzymes today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Uniform increased cortex echogenicity with mildly enhanced corticomedullary border demarcation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement, maintained symmetrical capsule contour, and overall normal hepatic parenchyma echogenicity exhibiting moderate coarse echotexture. Likely areas of lobar biliary tree dilation were noted. Although not definitive, the lobar biliary tree dilation is often seen in cases of post hepatic obstruction. The gallbladder was distended in size with mildly thickened isoechoic to mildly echogenic walls exhibiting potential for mild gallbladder wall edema. Anechoic content was present in the gallbladder with moderate, nondependent debris and mucus. The cystic biliary duct and visualized common bile duct, likewise, were moderately dilated extending caudally into the area of the right pancreatic limb and potentially the duodenal papilla. The common bile duct contained anechoic content with concurrent mucus. No overt evidence of calculi was noted. The common bile duct dilation measured 0.5 cm in width.

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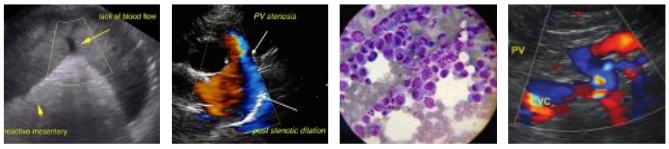

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Gastrointestinal

The stomach exhibited mild to moderate retained anechoic to mildly echogenic fluid.

An ill-defined mass lesion appearing to surround the area of the gastroduodenal junction and within the area of the pancreas base, measuring approximately 3.3 cm in diameter was present.

The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. The colon was primarily empty with luminal gas and minor nonformed feces.

Pancreas

The left and right pancreas, as well as the area of the pancreas base, exhibited generalized enlargement with capsular asymmetry, nonhomogeneous to hypoechoic parenchyma, and generalized mild pancreatic duct dilation.

Free Abdomen

Associated regional peripancreatic to perihepatic hyperechoic mesentery was present. Small pockets of scant, primarily perihepatic free fluid were present. No overt or significant lymphadenopathy was evident.

ULTRASONOGRAPHIC FINDINGS

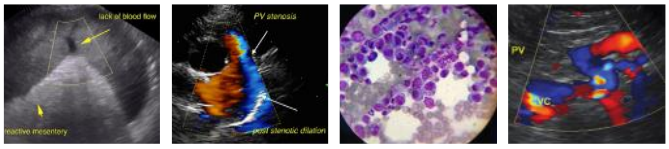
Primary Findings

- Irregular to enlarged hyperechoic left and right pancreas
- Ill-defined mass appearing to Involve the area of the gastroduodenal junction and potential upper duodenum and area of pancreas base
- Cholangitis / cholangiohepatitis pattern exhibiting moderate gallbladder and common bile duct mucus with generalized moderate common bile duct dilation
- Perihepatic / peripancreatic reactive to potentially inflamed mesentery and scant peritoneal free fluid - possible peritonitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Moderate to significant cholangiohepatitis and active pancreatitis could be present, yet primary concern for pancreatic or possible upper gastrointestinal (gastroduodenal junction and upper duodenum) neoplastic process with potential for mixed pathologies including inflammation, neoplasia, or possible necrosis is warranted. Emerging post hepatic obstruction secondary to regional pancreatic and intestinal pathology is suspected. Given the proximity of the abnormal pancreas and mass in the area of the gastroduodenal junction and upper duodenum, it is difficult to establish if the mass is deriving from the stomach or upper duodenum wall, or extension of pathological pancreas around the upper gastrointestinal tract.

Assuming normal clotting status, ultrasound-guided FNA of the ill-defined mass, pancreatic parenchyma, and liver parenchyma using a 25-gauge needle is warranted for screening cytology and further assessment. Correlation with full recheck lab work is recommended. Surgical options in this case are guarded and likely complex, given the extent of pathology in this patient.



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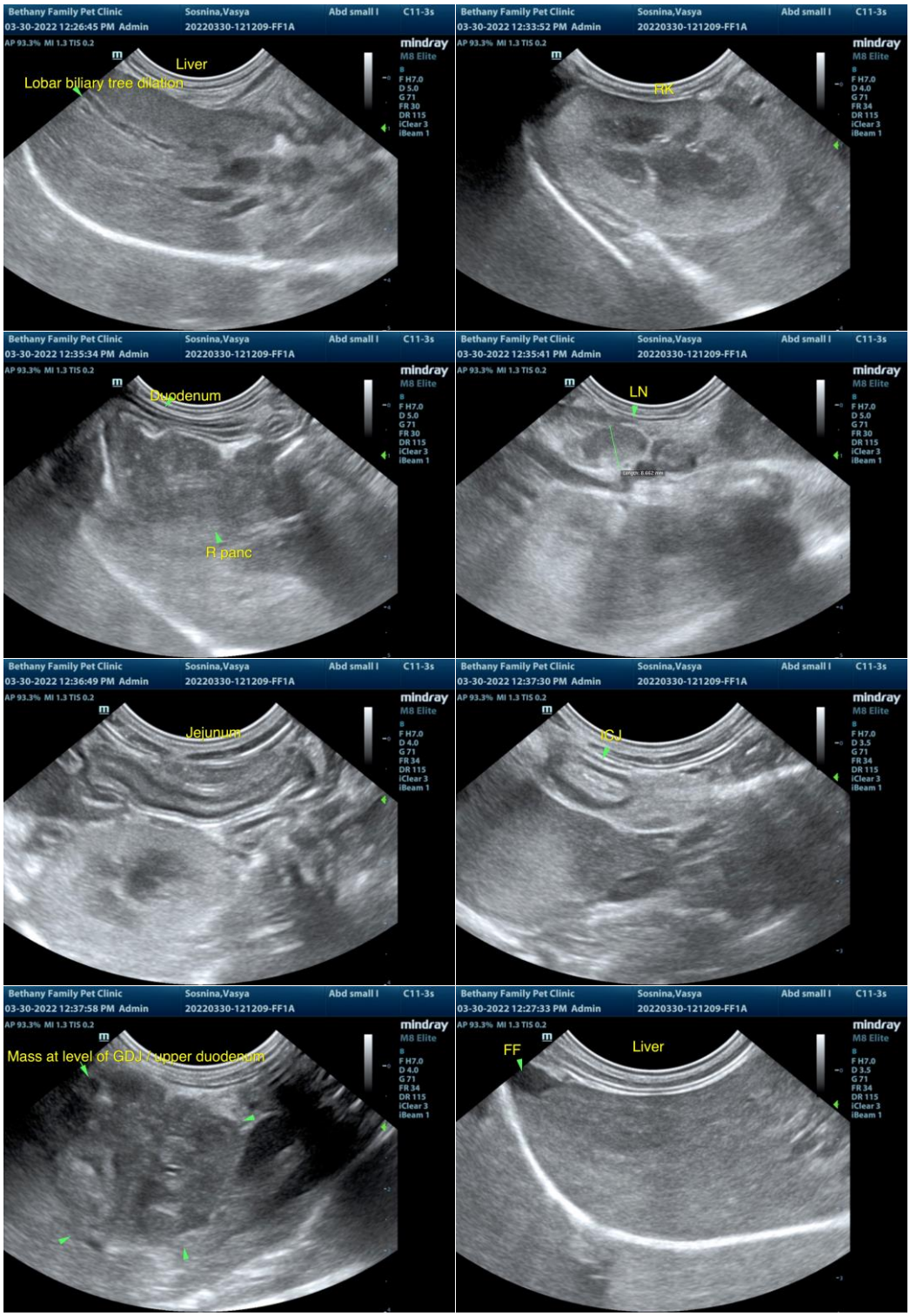
If additional clarification is elected, abdominal CT for further assessment and potential for assessment of surgical options is likely ideal, given the extent of pathology in this patient.



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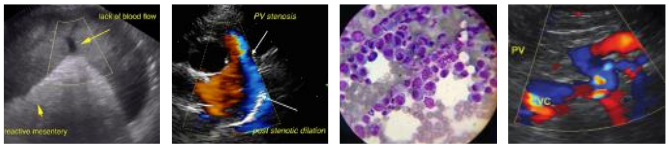

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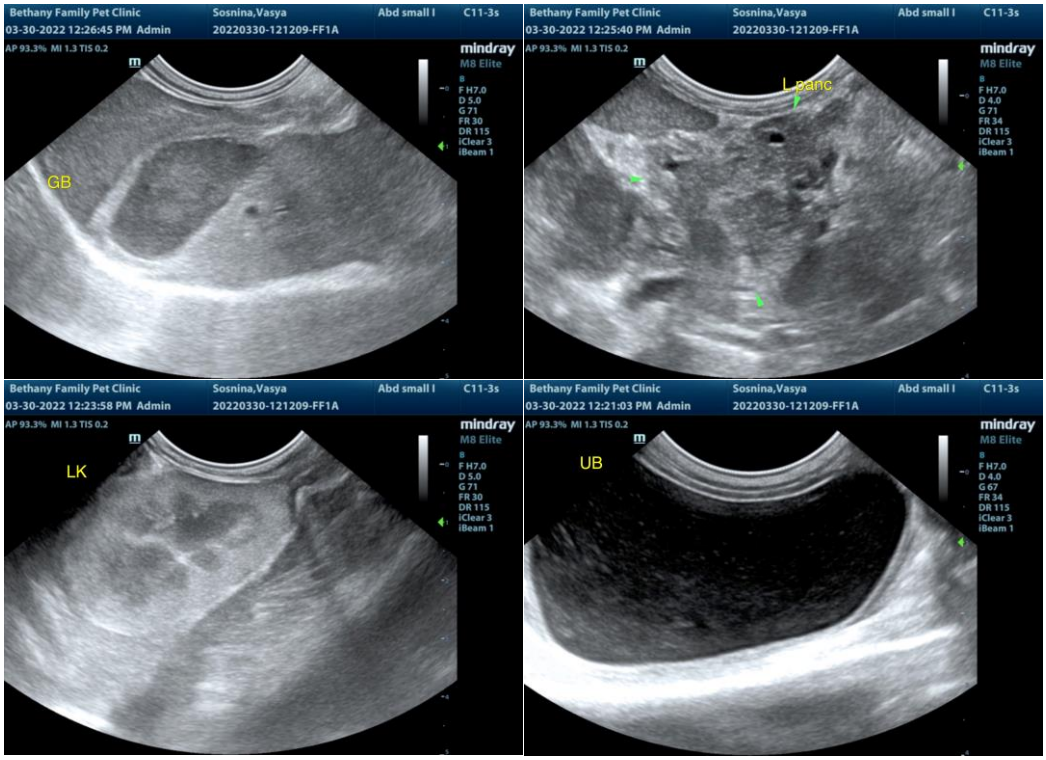

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com